

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

DRAFT

UST Integrity Assessment

Date Form Completed / /

1. UST Facility Information

| | | | |
|-------------------------------|-----------------|------------------------|-------------|
| Agency Interest Number (AI) | | | |
| UST Facility Name | | | |
| UST Facility Physical Address | Street Address: | | |
| | City: | County: | Zip Code: - |
| UST Facility Physical Phone | Phone: () - | Alternate Phone: () - | |

2. UST System Owner Information

| | | | |
|--------------------------------------|--------------|--------|--|
| UST System Owner Name | | | |
| UST System Owner Contact Information | Phone: () - | Email: | |

3. Tester Information

| | | | |
|--|---|--------|-------------|
| Name of Person Performing Assessment | | | |
| Certification / License Number | | | |
| Certification Type (mark all that apply) | <input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify): | | |
| Contact Information | Phone: () - | Email: | |
| Company Name | | | |
| Company Mailing Address | Street Address: | | |
| | City: | State: | Zip Code: - |

4. UST System Description (Attach additional pages as necessary)

| | | | |
|---|-----------------------------|--------------------|-----------------------------|
| Tank ID Number (e.g., 1, 2, etc.) | | | |
| Compartment Number (e.g., 1, 2, etc.) | | | |
| Capacity (gallons) | | | |
| Substance (refer to substance list below) | | | |
| Ethanol % | | | |
| Biodiesel % | | | |
| Substance List | UNL - Reg Unleaded Gas* | DSL - Diesel** | JET - Jet Fuel |
| | PLS - Plus Unleaded Gas* | UOL - Used Oil | REC - Recreation Fuel |
| | PRM - Premium Unleaded Gas* | NOL - New Oil | HAZ - Haz Substance (CAS #) |
| | KER - Kerosene | AVG - Aviation Gas | OTH - Other (specify) |

AI _____

5. Assessment Information

(Attach additional pages as necessary)

| | | | |
|--|--|--|--|
| Code of Practice Used | <input type="checkbox"/> NLPA Standard 631 <input type="checkbox"/> API 1631 | | |
| Tank ID Number (e.g., 1, 2, etc.) | | | |
| Tank interior cleaned prior to inspection (required) | | | |
| Holes or perforations discovered | | | |
| Original tank metal thickness | | | |
| Average tank metal thickness for entire tank prior to repairs | | | |
| Thin walls were repaired | | | |
| Percentage of original tank metal thickness following repair | | | |

6. Assessment Results (columns continue from above)

| | |
|--------------------------------|---|
| Results (defined below) | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Pass | Average metal thickness is 100 to 75 percent of original tank metal thickness. Tank shall have external cathodic protection. |
| Fail | Average metal thickness is 74 percent or less than original tank metal thickness. Tank(s) shall be permanently closed in accordance with 401 KAR 42:060. |
| Comments | |

7. Certification

☐ Check here if the person completing the form is the same as the tester named in the tester certification below.

| | | | |
|---------------------------------------|--|-----------------------|-------|
| Name of Person Completing Form | | Date Completed | / / |
| Email | | Phone Number | () - |

I certify that the integrity assessment inspection was performed in accordance with the appropriate code of practice. I further certify that the information provided in this document is true, accurate, and complete.

| | | | | |
|-----------------------------|------------------|--|--------------------------------|-----|
| Tester Certification | <i>Printed</i> | | Date | / / |
| | <i>Signature</i> | | | |
| | License # | | License Expiration Date | / / |

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.